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| PATEN   | NT APPLICA                                   | ATIONEE  |  |   |   |  |   |   | -  |  |  |
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| PATENT APPLICATION FEE DETERMINATION RECOI                    |  |  |  |   |   | ORD  | Application or Docket Number  14633.070708  |   |  |  |  |
| CLAIMS AS FILED - PART I                                      |  |  |  |   |   |  |   | ·   | -  |  | R THAN   |
| NATIONAL  |  | (Column 1) (c  |  |   | 1   |  |   | OR  |  | ENTITY                                   |  |
| ~   |  |  |  |   |   | RATE   | FEE   |   | RATE   | FEE                                      |  |
| <del></del>   |  |  |  |   |   | BASIC FEE  |   | OR  | BASIC FEE  | 300                                      |  |
| EXAMINATION FEE   |  | (4) = \$50/\$100   |  |   |   |  | EXAM. FEE   |   | 1  | EXAM. FEE                                | 200  |
| RCH FEE   | ALL other countries = All 0                  |  |  |   |   | SEARCH FEE   |   |   | SEARCH FEE   | 400                                      |  |
| FOR EXTRA   | 36 min                                       | us 100 =   |  | / 50 =  |   | X \$ 125 =   |   | 1   | X \$ 250 =   | 1/30                                     |  |
| AL CHARGEA  | minus 20 = .                                 |  |  |   |   | X \$ 25 =  | <del> </del>  | OR  |  | <del> </del>                             |  |
| PENDENT CL  | 2 "  | 2 minus 3 = .  |  |   |   |  | <del> </del>  | -   | <b> </b>   | <u> </u>                                 |  |
| TIPLE DEPEN   | DENT CLAIM PR                                | RESENT   |  |   |   |  |   |   | -  | <del> </del>                             | ļ  |
|   |  |  |  |   |   | Į.   | <u>-</u>  |   | -  |  |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |  |  |  |   |   |  | SMALL E   | ENTITY  | OR   |  |  |
|   | REMAINING<br>AFTER<br>AMENDMENT              |  | NUMB<br>PREVIOU  | ER<br>JSLY  | PRESENT<br>EXTRA  |  | RATE  | ADDI-<br>TIONAL<br>FEE  |  | RATE                                     | ADDI-<br>TIONAL<br>FEE   |
| Total   | *  | Minus  | **   |   | =   | Ī  | X \$ 25 =   |   | OR   | X \$ 50 =                                | , == .   |
| Independent   | *  | Minus  | ***  |   | =   | Ī  | X \$ 100 =  |   | OR   |  | ·  |
| FIRST PRES  | ENTATION OF N                                | NULTIPLE DEPE  | JLTIPLE DEPENDENT CLAIM  |   |   |  | + \$ 180 =  |   | OR   |  |  |
|   |  |  |  |   |   | _  |   |   | L  | TOTAL ADDIT.                             | •  |
|   |  |  |  |   |   |  | ree [   | •   | 7.1  | FEE                                      |  |
|   | (Column 1)<br>Claims                         | ·  |  | <u> </u>  | (Column 3)  | F  |   |   | ,  |  |  |
|   | REMAINING<br>AFTER<br>AMENDMENT              | ·  | NUMBE<br>PREVIOU   | R<br>SLY  | PRESENT<br>EXTRA  |  | RATE  | ADDI-<br>TIONAL<br>FEE  |  | RATE                                     | ADDI-<br>TIONAL<br>FEE   |
| Total   | *  | Minus  | **   |   | =   |  | X \$ 25 =   |   | OR   | X \$ 50 =                                |  |
| ndependent  | *  | Minus  | ***  |   | =   |  | X \$ 100 =  |   | OR   |  | ·  |
| FIRST PRESE   | NTATION OF M                                 | ULTIPLE DEPE   | NDENT CL   | AIM   |   | 上  | + \$ 180 =  |   | ŀ  |  |  |
|   |  |  |  |   |   |  | OTAL ADDIT.   |   | · L  |  |  |
|   | •  |  |  |   |   |  | FEE L   |   | OIL  | FEE                                      |  |
| the "Highest Nur  | nder Previously Pale<br>nber Previously Pale | I FOR IN THIS SPA<br>I FOR IN THIS SPA   | CE is less th  | an '20',  | enter "20".   | 11-  |   |   |  | :  |  |
|   | Total Independent FIRST PRESE                | S. NATIONAL STAGE FEES  SIC FEE  MINATION FEE  ARCH FEE  FOR EXTRA SPEC. PGS.  AL CHARGEABLE CLAIMS  EPENDENT CLAIMS  TIPLE DEPENDENT CLAIM PF  the difference in column 1 is  CLAIMS AS  (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT  Total  *  FIRST PRESENTATION OF M  (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT  Total  *  *  FIRST PRESENTATION OF M  Total  To | Column 1)  CLAIMS AS AMENDED  (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT  Total * Minus  FIRST PRESENTATION OF MULTIPLE DEPE  (Column 1)  CLAIMS  CLAIM | (Column 1)  S. NATIONAL STAGE FEES  SIC FEE  SMALL ENT. = \$ 150  SALSHER SPCT Article 33(1)-(4) = \$ 50/\$ 100  U.S. Is ISA = \$ 50/\$ 100  ALL CHARGEABLE CLAIMS  FOR EXTRA SPEC. PGS.  SAL CHARGEABLE CLAIMS  FIPLE DEPENDENT CLAIM PRESENT  The difference in column 1 is less than zero, enter "0"  CLAIMS AS AMENDED - PART  (Column 1)  (Column 1)  (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT  Total  * Minus  **  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  CLAIMS  REMAINING  AFTER  AMENDMENT  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 8)  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  REMAINING  AFTER  AMENDMENT  Total  * Minus  **  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  REMAINING  AMENDMENT  Total  * Minus  **  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  The entry in column 1 is less than the entry in column 2, write "0" in cutthe "Highest Number Previously Pald For" in THIS SPACE is less than "Highest Number Previously Pald For" in THIS SPACE is less than "Highest Number Previously Pald For" in THIS SPACE is less than "Highest Number Previously Pald For" in THIS SPACE is less than "Highest Number Previously Pald For" in THIS SPACE is less than "Highest Number Previously Pald For" in THIS SPACE is less than "Highest Number Previously Pald For" in THIS SPACE is less than "Highest Number Previously Pald For" in THIS SPACE is less than "Highest Number Previously Pald For" in THIS SPACE is less than the "Highest Number Previously Pald For" in THIS SPACE is less than "Highest Number Previously Pald For" in THIS SPACE is less than "Highest Number Previously Pald For" in THIS SPACE is less than "Highest Number Previously Pald For" in THIS SPACE is less than "Highest Number Previously Pald For" in THIS SPACE Is less than "Highest Number Previously Pald For" in THIS SPACE Is less than | (Column 1)  S. NATIONAL STAGE FEES  SIC FEE  SMALL ENT. = \$ 150  LAR  MINATION FEE  MI | (Column 1) (Column 2)  S. NATIONAL STAGE FEES  SIC FEE  SMALL ENT. = \$ 150  LARGE ENT. = \$ 300  MINATION FEE  Satisfies PCT Article 33(1)  (A) = \$ 50 / \$ 100  ALL Other columns = \$ 100 / \$ 200 / \$ 500 / \$ 500  ALL Other columns = \$ 280 / \$ 500   \$ 100 / \$ 200  ALL Other columns = \$ 280 / \$ 500   \$ 100 / \$ 200  FOR EXTRA SPEC. PGS.  ALL CHARGEABLE CLAIMS  TIPLE DEPENDENT CLAIM PRESENT  The difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  FERMAINING AFTER PREVIOUSLY PAID FOR EXTRA PAID FOR PREVIOUSLY PAID FOR EXTRA PAID FOR PREVIOUSLY PAID FOR PRESENT PREVIOUSLY PAID FOR PREVI | (Column 1) (Column 2)  S. 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TIPLE DEPENDENT CLAIM PRESENT  THE difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 2)  (Column 3)  CLAIMS  REMAINING  AFTER  AMENDMENT  Total  Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Total  * Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Total  * Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Total  * Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Total  * Minus  **  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Total  * Minus  **  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Total  * Minus  **  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Total  * Minus  **  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  The "Highest Number Previously Pale for" IN THIS SPACE is less than 20, enter "20". the "Highest Number Previously Pale for" IN THIS SPACE is less than 20, enter "20". the "Highest Number Previously Pale for" IN THIS SPACE is less than 20, enter "20". the "Highest Number Previously Pale for" IN THIS SPACE is less than 20, enter "20". | (Column 1) (Column 2)  SMALL ENT TYPE  RATE  SIGNATIONAL STAGE FEES  SALL ENT ** \$ 150 | (Column 1) (Column 2)  S. NATIONAL STAGE FEES  S. NATIONAL STAGE FEES  S. NATIONAL STAGE FEES  S. SAME STAGE | (Column 1) (Column 2)  SMALL ENTITY TYPE | SMALL ENTITY   OR SMALL ENTI |